PTO/SB/22 (12-04)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  FY 2005  (Fore pure years to the Consolidated Apprendictions Act 2005 (H.B. 4948).)		Docket Number (Optional) 05587-00343-US	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  Application Number 09/331729-Conf. #2014		Filed A	ugust 26, 1999
TONER FOR DEVELOPMENT OF ELECTROSTATICALLY CHARGED IMAGE CONTAINING POLYOLEFIN RESIN HAVING CYCLIC STRUCTURE			
Art Unit 1756		Examiner	J. L. Dote
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	Small Entity Fee	
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
X Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 450.00
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
Five months (37 CFR 1.17(a)(5))	<b>\$2160</b>	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27.  A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.			
The Director has already been authorized to charge fees in this application to a Deposit Account.  The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  attorney or agent of record. Registration Number			
attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34  Signature  Ashley I. Pezzner  Typed or printed name  Attorney or agent under 37 CFR 1.34.  35,646  175  Date  (302) 658-9141  Telephone Number			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  Total of 1 forms are submitted.			

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